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MODOC COUNTY CHILD WELFARE SYSTEMS IMPROVEMENT PLAN

NOVEMBER 2006

BY MODOC COUNTY DEPARTMENT OF SOCIAL SERVICES AND PROBATION

California's Child and Family Services Review System Improvement Plan

County:	Modoc
Responsible County Child Welfare Agency:	Modoc County Department of Social Services Child Protection Division
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MODOC COUNTY 2006 SYSTEMS IMPROVEMENT PLAN

I. INTRODUCTION

The 2006 Modoc County Child Welfare System Improvement Plan is an outcome of the 2006 AB 636 Self Assessment, Quarterly Data Reports and the 2005 Peer Quality Review. This work was done under the auspices of the Modoc County Drug Court/Prop 36 Steering Committee (DCSC). In addition, the Modoc AB 636 Self-Assessment Team created surveys, which went out to all public and private agencies and Tribes. The questions on the surveys were primarily directed to the AB 636 outcome measures. Responses to the surveys indicated that the majority of the community has seen an improvement not only in the services provided by CPS but an improvement in CPS' interactions with service providers and other agencies.

Since the inception of the 2004 Systems Improvement Plan, Modoc County has made major improvements in the delivery of services to children and families that come under the umbrella of the Child Welfare System. A concentrated effort has been made to deliver services which allow children to be maintained safely in their homes and when this is not possible every effort is made to reunify in a timely manner. These efforts are reflected in fewer children being removed from their homes while services are provided and in intense family maintenance service plans which are developed and "worked" on with our families.

The Modoc County Drug Court Steering Committee serves as the oversight committee of the county's AB 636 actions. Members of this committee include but are not limited to: Child Welfare, Alcohol and Drug, Mental Health, Public Health, Mountain View Foster Family Agency, Modoc First Five, Probation, Cal WORKS, T.E.A.C.H., Inc., CASA, Modoc Child Abuse Prevention Council, Tribal representatives, Juvenile Dependency Judges and Attorneys.

The Modoc County Dependency Drug Treatment Court has been instrumental in developing a strong collaborative between service providers, child welfare and families involved with the dependency court. Because the members of the team bring together different perspectives of our families strengths and needs, services are more often correctly identified, coordinated

and delivered in a manner that is most effective in safe reunifications and family maintenance cases. Another benefit realized by the joint efforts of the Drug Court Team members is the reduction in agencies delivering dual services and potential communication problems nursed between agencies by clients.

Unfortunately due to our small numbers the CWS system does not always reflect a true picture of the good things that are happening in our county. For example: we do not have an emergency care shelter in Modoc County. When a child must be removed during an investigation of abuse for immediate safety concerns and it is deemed they can not be returned home within six hours the county has no choice but to “place” the child in “foster care.” Our case management computer system (CWS/CMS) demands that abuse be substantiated in order to “place” a child into foster care when in-fact the investigation is still in progress and a conclusion may not have been reached. In a circumstance where further investigation reveals that the situation does not warrant extended out of home foster care placement a child will be “returned” home.

Because of our small numbers if but one child is subsequently removed during a new investigation and must be held again in protective custody for their safety during the ongoing investigation for more than six hours the computer system forces us to substantiate abuse in order to make the second placement. This reflects in the system as a reoccurrence of maltreatment when in fact, it is not. In a county with a population as low as Modoc County’s this can reflect as a 25% recurrence rate.

II. MODOC COUNTY SYSTEM STRENGTHS AND AREAS NEEDING ATTENTION

Modoc County Child Welfare System Strengths:

1. Strong Commitment by Administration to improve the Modoc County Child Welfare System.
2. Strong Collaboration among public agencies such as Child Welfare Services, Probation, and Health Services (which includes Alcohol and Drug Services, Mental Health, and Public Health), community based organizations such as Strong Families Health Clinic, T.E.A.C.H., Inc. (which includes most of the county’s crisis, early intervention, and prevention services), Modoc First Five, Education, and the Courts.

3. A well established Dependency Drug Court (DDTC).
4. A well established Juvenile Delinquency Treatment and Prevention Court.
5. A commitment by the Department of Social Services management team to reduce employee turnover and to ensure all Children's Services staff receive initial and ongoing training.
6. Strong Commitment to providing preventative services.
7. Modoc County is now on board with Structured Decision Making.

Areas needing Attention in the Modoc County Child Welfare System:

1. Safety Outcome- 1A/1B – Recurrence of Maltreatment: Modoc County has done quite well in reducing the number of incidences of recurrence of Maltreatment since the last SIP cycle. However there is room for improvement and this outcome has been targeted as an Improvement Goal.
2. Permanency Outcomes – 3F/3G – Current county performance is 29.4% in rolling year 10/04-09/05. We believe those numbers reflect occurrence of children being returned prior to an initial petition (emergency care) and later removed again because of new incident, thus technically re-entering foster care. However to ensure that we are accurately assessing situations before children are removed and/or returned home after a "placement" is made this outcome has been targeted as an improvement Goal.

III. SELF ASSESSMENT PLAN SUMMARY ASSESSMENT

A. Discussion of system Strengths and Areas Needing Improvements.

System Strengths:

The statistical data for the Modoc County CWS system has shown improvement overall and has continued to reflect the conscientious work of both the CPS staff and the Probation staff. The data shows the system is strong in the areas of response to referrals, monthly face to face visits, the rate of children in care, and the lack of recurrence of abuse and/or

neglect. Both CPS and Probation are now fully staffed for the first time in 10 years. And despite some of the staff being new and in training there are now people to fill all positions and cover the basic workload issues of the system. Additionally, with the full implementation of the Drug Court system and the coordination of all four courts affecting children and youth (Adult Drug Court, Prop 36 Drug Court, Dependency Court, and Delinquency Court) there is an exceptionally high degree of collaboration and cooperation occurring. This in and of itself is a remarkable characteristic of the Modoc Child Welfare System. Despite the small community, the isolated remote areas the county covers, the overall lack of resources, the lack of funding, and the inherent difficulties in meeting the needs of children and youth in today's culture; Modoc County has put together its best pieces in a manner that is remarkable for its efficiency and effectiveness. Using the Drug Court system as the foundation so to speak of this system provides the community a way of addressing the most prevalent root problem of child abuse and/or neglect in our culture, alcohol and drug abuse. The success of this system is a tribute to all of the partners involved from the Judges, to law enforcement, to the program staff, and to the variety of community providers.

Specific to Department strengths is the recent implementation of the "Structured Decision Making" instrument. This tool ensures uniformity in emergency, safety and risk assessments. The tool is used at throughout the life of a case (from the initial referral to the close of a case).

System Weaknesses:

Modoc County faces all of the classic issues of a "frontier" county. A small population, a large geographically diverse area of land to cover, a very small funding base, lack of community resources, and lack of an expert labor force available to deal with the issues of child welfare. With this in mind the identified system weaknesses are:

1. Lack of Staff Recruitment and Retention Provisions

Both CPS and Probation have had difficulty in recruiting qualified individuals and runs the risk of being viewed as a "training grounds" for those who aspire to seek employment with a larger department and is able to provide a more attractive salary, benefit and retirement package. If a staff retention strategy is developed and implemented with an aggressive recruitment plan then this very basic system problem can be addressed. This issue has

been identified as one of the top concerns that needs to be addressed for improving the system.

2. Lack of Transportation

As was previously mentioned in this report, the lack of reliable and economically feasible public transportation is an issue. Transportation options are limited and service is not readily available to all areas of the county.

3. Lack of Local Placement Options

We are fortunate to have a local foster care agency that provides much needed homes and respite care. However, there is only one group home and no transitional housing within the county. Depending upon his or her needs and the availability of an open bed, a child or youth can be placed locally or as far away as Southern California. The distance of the placement often times creates a significant barrier towards reunification efforts.

4. Monthly Parental Contact

This issue was address through the Peer Quality Case Review (PQCR) in November 2005. At issue were the barriers the Probation Officer or CPS Social Worker faced making the required monthly parental contact with the parents/guardian of those juveniles in out-of-home placement. Those barriers were lack of staff, time, distance and transportation issues of the parents/guardians themselves.

PQCR recommendations were to increase staffing and to seek other alternatives to facilitate the parents/guardians keeping required appointments. Probation is now at full staff with respect to juvenile officers and consistent monthly parental contacts have been accomplished.

5. Lack of Services

The lack of services to outlying areas continues to be a problem. Children and youth who reside in the out-lying areas are unable or find it difficult to access service providers in Alturas for a myriad of reasons. Services to out-lying areas by the Mental Health Department and Alcohol and Drug Services were discontinued several years ago due to lack of funding. The discontinuance of services resulted in the juveniles and the

parents/guardians having difficulty complying with probation requirements due to the distance and/or their transportation issues.

6. Mental Health Services

The willingness on the part of Modoc County Mental Health Services is needed to ensure that juveniles who fall within the criteria of 5150 of the Welfare and Institutions Code and level 14 placements are provided services. Probation, Social Services (CPS) and Mental Health Services are currently working together to address these concerns.

Outcome/Systemic Factor:**Recurrence of Maltreatment-Safety Outcome**

Measures 1A and 1B: All children who were victims of child abuse/neglect with a substantiated allegation within the first six months of 12-month study period, what percentage had another substantiated allegation within six months? Of all children with a substantiated referral during the 12-month study period, what percentage had a subsequent substantiated referral within 12 months? Of all children with a **first** substantiated referral during the 12-month study period, what percentage had a subsequent substantiated referral within 12 months?

Measure 2A: Rate of recurrence of abuse and/or neglect in homes where children were not removed.

County's Current Performance:

Recurrence of Maltreatment-Safety Outcome Measures 1A and 1B current performance is 7.1% for the rolling year of 10/04 to 09/05.

Current performance for measure 2A is 9.4% for the rolling year of 10/04 to 09/05.

Please note, because of the low number served (approximately 131 families and 220 children) the percentage rate will vary significantly with the subtraction or addition of one or two families/children.

Improvement Goal 1.0

Reduce recurrence of Maltreatment-Safety Outcome Measures 1A and 1B a minimum of 1% point in 2006/2007 with the expectation of reaching the federal 6.1% standard by 2007/2008. Reduce recurrence of abuse and/or neglect measure 2A a minimum of 2% points in 2006/2007.

Strategy 1. 1

Complete implementation of Structured Decision Making tool (SDM).
SDM was identified in 2005 Peer Quality County Review (PQCR).
Implementation of the SDM began in March of 2006.

Strategy Rationale¹

Increased ability of social workers to assess risk v. safety thus enabling the social workers to make appropriate disposition of referral, which will reflect in appropriate services being rendered in a timely manner and a reduction in recurrence of maltreatment.

Milestone	1.1.1 SDM Training of all Children's Protective Services (CPS) line staff and supervisor(s).	Timeframe	January 1, 2007	Assigned to	Social Worker Social Worker Supervisor Program Manager
	1.1.2 Social Worker supervisor trained in oversight and appropriate disposition of referrals.		January 1, 2007		Social Worker Supervisor Program Manager
	1.1.3 Program Manager evaluation of line staff and supervisor assessments and effectiveness of policy practices.		March 1, 2007		Program Manager

Strategy 1. 2 Routinely review assessments of open cases to identify service levels and effectiveness of services being received by clients in open cases.				Strategy Rationale Assurance that proper services and level of services are being received by client and as necessary adjust services to best fit the current needs of the client so as to reduce the recurrence of maltreatment.	
Milestone	1.2.1. Social Worker routinely evaluates the appropriateness of the service plan.	Timeframe	February 1, 2007	Assigned to	Social Worker
	1.2.2 Social Worker supervisor routinely meets with social worker to review client service plan and the effectiveness of that plan in meeting the current needs of the client.		March 1, 2007		Social Worker Supervisor
	1.2.3 Program Manager meets with social worker supervisor to monitor/review service plan effectiveness.		April 1, 2007		Program Manager
Strategy 1. 3 Proper identification of risk factors to establish optimal identification of best referrals for family/children's needs.				Strategy Rationale To establish accuracy rate(s) in assessing risk factors in very high/ high/medium/low cases for establishing a determination factor in whether to open v. not open cases.	
Milestone	1.3.1 Social Worker ability to successfully identify risk factor(s) and referral for appropriate services.	Timeframe	February 1, 2007	Assigned to	Social Worker
	1.3.2 Develop agency policy/mechanism to engage low risk families in services.		March 1, 2007		Program Manager
	1.3.3 Develop a system to evaluate referrals and social workers performance using CRC for tracking on-time visits, referrals etc. and maintenance of SDM tool.		April 1, 2007		Program Manager
Notes: The percentage of the recurrence of sustained referrals is statistically higher than the state average; however, if actual cases are					

used instead of percentages, we are talking about one or two cases a year, which is both statistically and programmatically very impressive. During the 03/04 fiscal year Modoc County's percentage of recurrence of sustained referrals statistically decreased 10.6%.

Complete implementation of Structured Decision Making tool (SDM). SDM was identified in the 2005 (PQCR) which recommended the implementation of a SDM. The implementation of the SDM began in March of 2006 and continues to this date. It is anticipated that the complete implementation of this SDM tool will be completed through this SIP plan. Recurrence of Maltreatment-Safety Outcome Measures is currently 7.1%, through the implementation of these measures/milestones the goal is to reduce recurrence of maltreatment by 1% in the 06/07 fiscal year and maintain the 6.1% federal standard in 07/08.

Improvement Goal 2.0

Permanency Outcomes

Reduce the rate of 3F and 3G Rate of Foster Care Re-entry.

Current county performance is 29.4% in rolling year 10/04-09/05. We believe those numbers reflect occurrence of children being returned prior to an initial petition (emergency care) and later removed again because of a new incident, thus technically re-entering foster care. A minimum of a 3 point reduction is expected in 06/07, with the expectation of reaching the federal standard of 8.6% by 07/08.

Strategy 2.1

Social worker proper service assignment of services to clients.

Strategy Rationale

If proper services are identified and provided the likelihood of foster care re-entry is minimized.

Milestone	2.1.1 Social Worker risk assessment training	Timeframe	January 1, 2007	Assigned to	Social Worker Supervisor Program Manager
	2.1.2 Social Worker routinely reviews client services, updates assessment and performance of clients in referred services.		January 1, 2007		Social Worker
	2.1.3 Supervisor to routinely review appropriateness of services provided to clients.		March 1, 2007		Social Worker Supervisor

Strategy 2.2

Create a system to facilitate transportation of child welfare services recipients.

Strategy Rationale

Successful completion of case specific services is vital to the reduction of foster care re-entry, shortening foster care reunification times and recurrence of maltreatment.

Milestone	2.2.1 Create a contract with municipal transit system to facilitate client transportation.	Timeframe	January 1, 2007	Assigned to	Program Manager Sage Stage
	2.2.2 Create a policy for county transporters for child		January 1, 2007		Program Manager County Dependency Drug Court

	welfare services recipients.				County AOD Department County Probation Department
	2.2.3 Create a fuel voucher system for child welfare services recipients.		January 1, 2007		Program Manager Family Resource Center
Notes: Please note the current performance ratings for foster care re-entry are skewed because of the CMS CWS entry system and the methodology by which compliance percentages are recorded within the system (see below).					
Improvement Goal 3.0 Length of time to exit Foster Care to Reunification. Although our numbers are good we have seen challenges with pre-teens and teens. This appears in part due to Foster Care Provider's interference and lack of understanding of the Foster Care Providers role in reunification.					
Strategy 3.1 Develop and maintain training programs for Foster Care Providers.			Strategy Rationale With proper and on-going training, specifically, reunification roles, Foster Parents will help children in preparing to return home.		
Milestone	3.1.1 Four on-site UC Davis Extension or other qualified trainers sub- care provider trainings	Timeframe	May 1, 2007	Assigned to	Program Manager
	3.1.2 Social Worker/Probation Officer/ Foster Parent/Foster Family monthly "family" meetings. (Goals of reunification)		June 1, 2007		Program Manager Assistant Chief Probation Officer
Describe systemic changes needed to further support the improvement goal. Systemic procedural and software changes need to be made in the CMS CWS system. Currently, if an emergency placement is made prior to the initial petition and then the children are returned, and then removed again later because of a new incident, this is shown as a foster care re-entry in the CMS CWS system. For small counties like Modoc this is a major problem and it reflects in much higher re-entry percentages than is actually the case. For larger counties with thousands of cases in the Child Welfare System this is not a statistic problem as this incident factor results in only minor changes in their county performance percentages. However, for Modoc this is significant and reflected in the current 29.4% county performance percentages, with only just over 100 families and children served, four of five of these emergency placements will affect Modoc's performance rating by five percentage points.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					

As shown above MCDSS will be contracting with UC Davis to provide onsite training for under performing foster care providers, technical and literature support from the state will be necessary to maintain a higher level of performance by these providers. This is especially true in Modoc County where foster parent recruitment and MCDSS staffing are always an issue in this large rural area.

MCDSS has a high turnover in the department and recruiting qualified staff is always a challenge. State support in the training of staff via analysts and ligature will be requested by the county from time to time. It is imperative that the latest electronic and written information be provided in a timely manner, on-site training may also be helpful.

Identify roles of the other partners in achieving the improvement goals.

Service partners for MCDSS are as follows:

Children's Resource Center, T.E.A.C.H., Family Resource Center, Child Abuse Prevention Council, Modoc County Health Services, Modoc County Probation, Modoc Superior Court, CalWORKS, Modoc County Office of Education, Modoc Indian Health Project, CASA, Modoc First Five, Modoc Dependency Drug Treatment Court. These partners routinely meet to resolve Child Welfare issues as multi-disciplinary teams. As in many small counties, many of the same participants wear multiple hats which can make case identification and collaboration on the case easier or more difficult depending on the individual characteristics of the case.

Court Structure/Relationship.

Modoc County Superior Court has two full-time judges who hear all cases, including civil, criminal, family law, juvenile, and probate. There are two contract defense attorneys and two private attorneys who represent parents and other parties in juvenile court. A contract attorney represents the department. There is a CASA program and a majority of dependents have a CASA volunteer assigned to them.

With such small numbers, personality can have a huge impact on how well the system works. In the immediate past, adversarial relationships characterized much of the juvenile court process. With changes in personnel, the court and the

departments have come together to address issues of procedure and continuances. Several training sessions have been held for the court, attorneys, and social service and probation staff on Title IV and Division 31 requirements. The development of drug courts has also spurred communication, cooperation, and collaboration.

Modoc County Probation Department

Includes the CalWORKS program as well as Adult and Juvenile Probation. For eligible families, CalWORKS provides employment and training services, mental health and alcohol and drug assessments, job skills development, and literacy assessments. Probation is currently working to:

- maintain and improve monthly parental contact;
- work with social services to establish a system of gasoline vouchers for clients to get to services;
- improve language barrier issues such as acquiring bilingual staff and working with interpreters; and
- Increasing their placement options.

Availability of Services and Services from Partners

Alturas houses the largest community-based organization in Modoc County, Training, Employment and Community Help, Inc. (*T.E.A.C.H., Inc.*). Originally started by the County Office of Education (*MCOE*), it is now a separate 501C.3 that subcontracts with MCOE for a number of different programs for children and families.

T.E.A.C.H. operates a crisis intervention program for victims of domestic violence and sexual assault. Services include a shelter, peer counseling, emergency transportation, advocacy, accompaniment, walk-in center, emergency food and clothing, hospital room protocol and assistance, assistance with temporary restraining orders, rape prevention education, self-defense classes, support groups, 24 hour hotline, and, emergency response to law enforcement and hospitals. *T.E.A.C.H., Inc.* also

provides the community with a food bank, energy assistance, homeless shelter, and transportation.

T.E.A.C.H. is the childcare Resource and Referral agency, providing subsidized childcare for CalWORKS, Child Welfare Services and low-income working families. At the Family Development Center, they have an Early Head Start Program, a School Readiness Initiative, and Welcome Baby!, a prevention program for new mothers and babies.

MCDSS , in collaboration with T.E.A.C.H., Inc. and the Child Abuse Prevention Council has received funding from Promoting Safe and Stable Families (PSSF) and Small County Initiative (SCI) monies to hire a Family Service/Preservation Worker. They are employed by T.E.A.C.H., Inc. and supervised and housed by MCDSS.

At the Child and Family Resource Center, *T.E.A.C.H.* operates a number of different programs including Even Start Family Literacy Program, a 21st Century After School Learning Center, English Language Civics Classes, Parent Education Workshops, a mentoring program for youth, Independent Living Skills for foster youth, and Foster Youth Services. (Please see chart in the Addendum.)

The MCOE has a long history of proactive community involvement. The past Superintendent, who retired two years ago after 25 years in the position, possessed vision and commitment to children and families beyond the educational mission. Seeing a need for quality, local, out-of-home care for children, she supported the creation of Mt. View foster family agency, which is operated out of MCOE.

Modoc County Health Services is an agency composed of *Alcohol and Drug Services, Mental Health Services, and Public Health Services*. Housed together in Alturas, each division provides services under contract to the state. Coordination of the three divisions has been improved by housing them in the same building. All three divisions have programs that impact children and for that reason, a prevention program that utilizes interested adolescents to address health risks to minors has been undertaken. This project is called “Modoc Teen Voice” in the local high school where it originated. The group came up with their own name and had T-shirts made up that read, “MTV Security” on the back. This one activity created interest in the group by other students resulting in the participation of many more students in the high school and a group was also formed at the middle school of Alturas (Modoc

Teen Voice 2). Plans are in place to have a similar teen collaborative in each school in the county. Teens in the local Alturas high school, Modoc High, have volunteered to take classes to become peer instructors on HIV/AIDS. With adult supervision, they will be presenting educational material that will help strengthen other students' ability to prevent infection. This group of teens also receives instruction on a variety of topics of interest to them, i.e., substance abuse, depression, teen suicide, injuries and illnesses, etc.

The *Alcohol and Drug Division (AOD)* provides addiction recovery services to residents of Modoc County. Among the activities provided are; day treatment, outpatient treatment, youth treatment, prenatal treatment, prevention activities, outreach to youth groups, involvement in the three drug treatment courts (Adult, Dependency and Juvenile), and treatment for family members. Residential treatment has been available in the past but because of state budget cuts, it is now only available to CalWORKS eligible clients. All of these activities hold promise for families who come to be involved with our child welfare system. It is clear that the majority of cases involving abuse and neglect occur in families with substance abuse problems. Funding from the federal government, through our state contract, specifically targets pregnant women, women with children in the home and women involved with plans for reunifying with their children. Adults in our drug treatment courts often have children, and we attempt to address the topic of parenting in the series of classes participants take. AOD has developed 2 classes specifically for families; one is for families with teenagers and the other is for younger children and their parents. These classes are 14 and 16 weeks each with a developed curriculum that is research-based.

Youths themselves, are engaged in risky behavior that includes substance abuse. Alternatives to substance use/abuse are being developed through the efforts of a committee guiding the Juvenile Delinquency Treatment and Prevention Court. Where possible, juveniles found involved with substances at school are not automatically placed in Drug Treatment Court, but allowed to participate in a diversion program sponsored by the school district. This program strives to intervene at a point where involvement with the justice system can still be avoided. Students who are found to be solely under the influence of alcohol or marijuana, and not in possession of a controlled substance, are given the opportunity to continue in school while completing a thirteen week

program of education, counseling, family involvement, and testing. If this Diversion program is completed successfully, no further action is taken. This program is designed to identify the adolescents with more severe problems who find it impossible to control their substance abuse and become involved with the juvenile justice system. More in depth treatment options are examined for them and referral to our Juvenile Drug Treatment Court is possible.

Mental Health Services (MHS) contracts with the state to provide specialty mental health services to the Medi-Cal eligible population of Modoc County. Services include outpatient treatment, acute care, hospitalization, youth hospitalization, specialty mental health services, child psychiatry (through Tele-medicine), medication treatment and management, brokerage services and case management. The target population for most services must be Medi-Cal eligible; however, all residents qualify for emergency services.

Our *Children's System of Care (CSOC)* provided the structure for the formation of a multi-agency coordinating council that looks at the placement needs of children who are at risk of removal from their homes or already in high-level placement. The core group of agencies represented in the Level of Care Committee (LOCC) are: Child Welfare Services, Modoc County Mental Health, Modoc County Alcohol and Drug, Modoc County Public Health, Modoc County Probation, Mt. View and Environmental Alternatives Foster Family Agencies, Modoc County Office of Education, and T.E.A.C.H., Inc. With the express goal of keeping children safe, at home, and in their school and home community, LOCC meets bi-monthly to address the service needs of children in the dependency and juvenile justice systems. The team is alert to opportunities to support efforts to keep children here in our county and return those who have been placed outside the county. When any child is placed outside their home, they are often placed outside the county, as there are few available foster homes located here. Early in the development of the Children's System of Care, the County Office of Education joined with the Health Services Department in creating a foster family finding agency for Modoc County. This has resulted in more foster homes in our county, but still not enough to meet our needs, which makes reunification a more difficult process. Transporting family members, to and from appointments for the family to address problems, takes all day. For this reason, bringing children back to the county is paramount for the process of reunification to go smoothly.

An area of long-standing concern in *MHS* when addressing the needs of children and their families has been our inability to hire a clinician trained in the treatment of family systems. Modoc County is a small rural county with limited resources, which makes it difficult to recruit licensed professionals with special credentials. In addition *MHS* is lacking the availability of education and support for family members. It is hoped that in the future a network of consumers and consumer's family members will organize to support one another and learn how to cope with the disabling effects of mental illness.

Our *Public Health Division (PHS)* emphasizes the health of the community and takes a number of steps to enhance the health of our youth. The most commonly recognized activity that *PHS* undertakes is the immunization clinic. Recently, Modoc County joined a network of northern counties in creating a data bank that will track the immunization records of all children in the seventeen member counties. This will make it possible for any child's record to be accessed, with appropriate authorization, so that at any time a provider can determine if there is a need to further protect the child with another immunization.

PHS provides education and follow-up to pregnant women. Through the Maternal, Child and Adolescent Health Program, a public health nurse provides classes on healthy pregnancy, birthing, breast-feeding, early childhood care and education, etc. Working with other agencies in Modoc County, this nurse receives referrals for women who could benefit from this service. It is not unusual for families at risk of neglect and abuse to receive instruction from our nursing staff, thereby avoiding further involvement with CWS or the justice system.

The Children's Health and Disability Prevention Program (CHDP) depends on the involvement of our nurses for Provider Education, Quality Assurance and follow-up care/case management. Whenever neglect/abuse are at issue, a complete physical done by a physician is indicated. Should the child enter the foster care system and be placed outside their home, a public health nurse follows the health concerns of the child by building a Health and Education passport that will follow that child everywhere she/he is placed. This way, fewer children will have medical issues missed because of the need to protect them by removing them from their homes.

California Children's Services provides support and in some cases pays for transportation to treatment appointments of

children with chronic, disabling conditions. The family of any child who qualifies will be helped with the paperwork involved in receiving treatment and as importantly, the cost of travel and hostelry to take the child to the necessary appointments for treatment. It is important to note that children who are disabled are at higher risk of abuse than other children are.

The Tobacco Control and Cessation Program was the original springboard for the teen health coalition (Modoc Teen Voice) discussed above. As part of *PHS*, the Tobacco program has been instrumental in getting out into the schools and community. The efforts of those health specialists afforded the entire department an opportunity to heighten student's awareness of issues of vital concern to them. This program works with any individual interested in quitting their involvement with tobacco.

The HIV/AIDS education, testing, support, and medication assistance programs are very small programs in Modoc County, however, they are here. Any resident of Modoc County may receive confidential testing and if found suffering from HIV/AIDS, is eligible for counseling, education, and in some cases, assistance with the costs of medication. The family is eligible for education in all aspects of this debilitating illness with the permission of the consumer.

The Childhood Injury Prevention Program targets children specifically. This program is now handled in a coalition of health providers. Projects for younger children include advancing the use of helmets and other safety equipment, helping parents obtain and use car seats effectively, teaching watchful skills on the streets, etc. Older kids receive information regarding bullying, driver safety, passenger safety, substance abuse, and other hazards.

The Maternal, Child and Adolescent Health Program uses information gathered from surveys done by a variety of agencies in Modoc County to compile a list of priorities for our residents. Through the efforts of our MCAH program, Modoc County ranks second in the percentage of women initiating breastfeeding during the early postpartum period. This program has also helped improve the percentage of low birth weight babies born to mothers in our county. The MCAH program coordinates its activities with other young child serving agencies like First Five Modoc, the Child Care Resource and Referral program, the Modoc Child Care Council, Early Head Start and others.

In addition to the programs mentioned above, high school aged residents are welcomed into a teen clinic where they can

receive information on reproductive health. Younger children are taught to wash their hands correctly and take care of their oral health. Every mother and child is targeted for nutritional information and obesity prevention.

Alliance for Workforce Development is a collaborative employment focused agency funded by the Workforce Investment Act and including the state Employment Development Department and Vocational Rehabilitation Services. They also work closely with CalWORKS, MCDSS and local schools.

Modoc First Five is the local Prop 10 agency. They provide funding to existing programs focused on early childhood education, child health and wellness and their own School Readiness Initiative.

Far Northern Regional Center provides services to developmentally disabled children and adults with offices in Redding, 150 miles away. They provide eligibility determination, case management services, consultation, advocacy, some help with placement and independent living assistance for eligible adults.

Parents in Recovery is a private foundation funded program operated out of the Tullake School District office in Tullake. This is actually in Siskiyou County, but the school district is part of MCOE and the program serves families in the Tullake-Newell area. They provide a weekly evening support group and education program, as well as one-on-one parenting education and counseling, and voluntary drug testing.

Drug Courts

Modoc County is one of nine counties to receive a special grant from the Department of Alcohol and Drug Programs for the Dependency Drug Treatment Court program, an important element in the Child Welfare Improvement Activities in Modoc County.

Adult Drug Court started in 2000 with Prop 36 following in 2001. The first Juvenile Delinquency Treatment and Prevention Court participants started in the spring of 2003. Dependency Drug Treatment Court began in January 2004. The county has submitted several grant applications but has managed to obtain training grants only so far. Recent state budget cuts have

resulted in the loss of funds for residential alcohol and drug treatment, which threatens the effectiveness of the programs.

Services to Indian Children

One of the CWS social workers has received special ICWA training and has become a resource to the other social workers. Only one tribe, Ft. Bidwell, has an ICWA worker. Ft. Bidwell does not yet have a tribal court but it is a goal towards which they are working. There are no MOUs with tribes at this time. There have been some meetings between MCDSS and tribal staff but clearly more needs to be done.

Strong Families Project is a Tribal Corporation that acts on behalf of the Alturas Rancheria and the Cedarville Rancheria. The contract area includes all the unaffiliated Native-Americans and Alaska Natives in Modoc County. They serve 167 clients of all ages. Programs that are available include: Health Care Service by contract, After School Tutoring Program, Women's Alcohol Program, Women's Talking Circle, Diabetes Program, Elders Program including food distribution, Youth Program, Drug/Alcohol Counseling, and Cultural Activities. MIHP participates in a number of collaboratives throughout the county.